

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000496

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 31 1963

Primary Registration District No. 3007

Registrar's No. 6274

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
0128					
0720					
3					
4 2					
5 1					
6					
7 1					
8 2					
9443X					
10					
11					
12 5-0					
13 1-0					
ITEM NO.	SHOULD READ				

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 173 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) L. Z. McMULLEN		4. DATE OF DEATH Month JANUARY Day 23 Year 1963	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-1-25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
13a. FATHER'S NAME JOHN L. McMULLEN		13b. MOTHER'S MAIDEN NAME MADIE LEE LEWIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give year or dates of service) YES WW2		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		14. NAME OF HUSBAND OR WIFE EARLINE McMULLEN	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 HOURS 20 MONTHS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED] Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from DECEMBER 4, 1961 to JANUARY 23, 1963 and last saw her alive on [REDACTED] Death occurred at 1:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Cohen		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 1-25-63		22d. DATE SIGNED [REDACTED]	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-23-63	23c. NAME OF CEMETERY OR CREMATORY PIRGIM REST CEMETERY	
23d. LOCATION (City, town, or county) EUROPA, ROUTE, MISSISSIPPI		23e. DATE RECD. BY LOCAL REG. 1-28-1963	
24. FUNERAL DIRECTOR DUFFIE RAINY		26. REGISTRAR'S SIGNATURE [REDACTED]	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Raymond L. Ruffie

Licensed Embalmer No. 4798

P. O. Address Berme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.